

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1194812-0

Total Deleted Page(s) = 1
Page 16 ~ b7C;

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X Deleted Page(s) X
X No Duplication Fee X
X For this Page X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ATTENTION

The following documents appearing in FBI files have been reviewed under the provisions of The Freedom of Information Act (FOIA) (Title 5, United States Code, Section 552); Privacy Act of 1974 (PA) (Title 5, United States Code, Section 552a); and/or Litigation.

☒ FOIA/PA

☐ Litigation

☐ Executive Order Applied

Requester: _____

Subject: _____

Computer or Case Identification Number: _____

Title of Case: _____ Section _____

* File _____

Serials Reviewed: _____

Release Location: *File _____ Section _____

This file section has been scanned into the FOIPA Document Processing System (FDPS) prior to National Security Classification review. Please see the documents located in the FDPS for current classification action, if warranted. Direct inquiries about the FDPS to RIDS Service Request Unit

File Number: 92-1371-S4B 1 Section 1Serial(s) Reviewed: AN

FOIPA Requester: _____

FOIPA Subject: _____

FOIPA Computer Number: 997260

File Number: _____ Section _____

Serial(s) Reviewed: _____

FOIPA Requester: _____

FOIPA Subject: _____

FOIPA Computer Number: _____

File Number: _____ Section _____

Serial(s) Reviewed: _____

FOIPA Requester: _____

FOIPA Subject: _____

FOIPA Computer Number: _____

THIS FORM IS TO BE MAINTAINED AS THE TOP SERIAL OF THE FILE, BUT NOT SERIALIZED.

ATTENTION

DO NOT REMOVE FROM FILE

b7C

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-350-Sub 24)

DATE: 12/20/72

FROM : SUPERVISOR

SUBJECT: RACKETEER PROFILE PROGRAM
CHICAGO DIVISION

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

Subject

CG File No.

Agent Assigned

CATUARA, JAMES
"The Bomber"

92-1371

Agents to whom these cases are assigned are requested to promptly execute the appropriate Racketeer Profile Forms which will be transmitted to the Bureau by SA coordinator of this program.

- 1 - C-1 Tickler
- 1 - C-10 Tickler
- 1 - SA Tickler
- 1 - Each Case Listed Above

VLI/vcl
(24)



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

*open 92-
sub file
VLI*

92-1371 Sub 1

SEARCHED INDEXED
SERIALIZED FILED

NAME OF PERSON SUBMITTING INFORMATION

DATE _____

**NEW
OR
MOD**

b7C

ALIAS

[illegible]

NKNM

[illegible]

CINV

DATE INVESTIGATION BEGAN						DATE INVESTIGATION CLOSED											
/FYR:	03	/FMO:	03	/FDY:	19	/TYR:	00	/TMO:	00	/TDY:	00						
TYPE OF INVESTIGATION									AGENCY INVESTIGATING								
/TINV:										/AGYI:							

INFO

NAME OF PERSON IN AGENCY TO CONTACT																																		
/NAME:																																		
TITLE OF ABOVE INDIVIDUAL																																		
/TITLE:																																		
DIVISION EMPLOYED BY																																		
/DIV:																																		
AGENCY NAME																																		
/AG:																																		
CITY WHERE AGENCY IS LOCATED																																		
/CITY:																																		
STATE (R)					ZIP CODE					LEVEL OF GOVERNMENT (R)																								
/ST:					/ZIP:					/LVL:																								
INFO					*ADD*INFO*					*CHG*										*INFO*														
NAME OF PERSON IN AGENCY TO CONTACT																																		
/NAME:																																		
TITLE OF ABOVE INDIVIDUAL																																		
/TITLE:																																		
DIVISION EMPLOYED BY																																		
/DIV:																																		
AGENCY NAME																																		
/AG:																																		
CITY WHERE AGENCY IS LOCATED																																		
/CITY:																																		
STATE (R)					ZIP CODE					LEVEL OF GOVERNMENT (R)																								
/ST:					/ZIP:					/LVL:																								

SUBJECT'S IDENTIFICATION NUMBERS										*ID*		*ADD*ID*		*CHG						*ID*				
VERIFICATION					CRIMINAL IDENTIFICATION NUMBER																			
/VER:					/FBI:																			
ORG. CRIME & RACKET. #										SOCIAL SECURITY NUMBER														
/OCR:					/SSN:																			
CRIMINAL IDENTIFICATION NUMBER																								
/PD:																								
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																								
/AGENCY:																								
STATE (R)					ZIP CODE																			
/ST:					/ZIP:																			
ID					*ADD*ID*					*CHG					*ID*									
VERIFICATION					CRIMINAL IDENTIFICATION NUMBER																			
/VER:					/PD:																			
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																								
/AGENCY:																								
STATE (R)					ZIP CODE																			
/ST:					/ZIP:																			
ID					*ADD*ID*					*CHG					*ID*									
VERIFICATION					CRIMINAL IDENTIFICATION NUMBER																			
/VER:					/FBI:																			
ORG. CRIME & RACKET. #										SOCIAL SECURITY NUMBER														
/OCR:					/SSN:																			
CRIMINAL IDENTIFICATION NUMBER																								
/PD:																								
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																								
/AGENCY:																								
STATE (R)					ZIP CODE																			
/ST:					/ZIP:																			
ID					*ADD*ID*					*CHG					*ID*									
VERIFICATION					CRIMINAL IDENTIFICATION NUMBER																			
/VER:					/PD:																			
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																								
/AGENCY:																								
STATE (R)					ZIP CODE																			
/ST:					/ZIP:																			
ID					*ADD*ID*					*CHG					*ID*									
VERIFICATION					CRIMINAL IDENTIFICATION NUMBER																			
/VER:					/PD:																			
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER																								
/AGENCY:																								
STATE (R)					ZIP CODE																			
/ST:					/ZIP:																			

FORM CM-76 (Rev. 10-72)

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (Attn. Criminal Intelligence and
Organized Crime Section)

DATE: 9/12/72

FROM : SAC, Chicago 92-1371

SUBJECT: CRIMINAL INTELLIGENCE PROGRAM

Instructions: (1) On a new subject all categories must be completed. (2) When the status has changed on an old subject only those applicable categories should be completed. (3) Circle in pencil the number opposite the word or words which describes the subject or fill in the blank under each applicable heading. (4) No more than one item may be circled in each category except categories 11, 15, 16, 17, 19 and 20. (5) When none of the items in a category will suffice fill in the blank with the status known; if additional space is needed or if more information is known use the "Remarks" area.

James CATUARA
Name of subject to which this form applies

FBI Number

877 436

Origin Office

Chicago

Bureau File Number

92-6931

☐ New Subject

☒ Status Change

01 Year of Birth

(use last 2 digits) _____

02 Birth Place

- 01 U. S.
- 02 Italy
- 03 Sicily
- 04 Naples
- 05 Calabria
- 06 Abruzzi
- 09 _____

03 Birth Verification

- 01 Birth record
- 02 Baptismal record
- 03 Delayed recording
- 04 INS record
- 05 Doctor certificate
- 06 Midwife certificate
- 07 Not verified
- 09 _____

04 Status

- 01 Active
- 02 Retired
- 03 Missing
- 04 Present fugitive
- 05 Deceased
- 06 Incarcerated
- 07 Unknown

05 La Cosa Nostra "Family"

- 98 Unknown
- 99 Not a member

06 Rank

- 01 Boss
- 02 Underboss
- 03 Consigliere
- 04 Capodecina
- 05 Former leader
- 06 Soldier
- 07 Proposed
- 08 Possible member
- 09 Unknown

07 Commission

- 01 Current member
- 02 Past member
- 03 Possible member
- 04 Associated with
- 05 Communicates with
- 06 Relative of member
- 07 No connection with

08 Best Source Number

Identity

09 Type of Best Source

- 01 C*
- 02 C-TE
- 03 PC
- 04 C
- 05 PCI

10 Relatives in La Cosa Nostra

- 01 Blood relation
- 02 Relation by marriage
- 03 Both
- 04 Not related
- 05 Unknown

11 La Cosa Nostra "Family" of Relatives

12 Citizenship

- 01 U. S. born
- 02 Naturalized
- 03 Denaturalized
- 04 Resident status
- 05 Non-citizen
- 06 Awaiting deportation
- 07 Deported
- 09 _____

13 Organization Connection

(Use for non-La Cosa Nostra members only)

- 01 Yes
- 02 No
- 03 Unknown

14 Type of Gambler

- 01 Writer
- 02 Runner-collector
- 03 Controller
- 04 Office clerk
- 05 Banker
- 06 Layoff man
- 07 Casino operator
- 08 Casino employee
- 09 Dice game operator
- 10 Dice game employee
- 11 Cards
- 12 Wire Service operator
- 13 Not applicable
- 14 _____

b2
b7D

92-1371 Sub 1-3

SEARCHED	INDEXED
SERIALIZED	FILED
FEB 15 1973	
FBI - CHICAGO	
NLI	

15 Legitimate Enterprise

18 Description

Race	Complexion	Build
01 White	01 Light	01 Small
02 Negro	02 Ruddy	02 Slight
03 Other	03 Dark	03 Slender
	04 Olive	04 Stocky
	05 Swarthy	05 Heavy
		06 Obese
		07 Gross
		08 Medium

Height	Weight
01 Up to 5' 1"	01 Up to 120
02 5' 2" - 5' 3"	02 121 - 130
03 5' 4" - 5' 5"	03 131 - 140
04 5' 6" - 5' 7"	04 141 - 150
05 5' 8" - 5' 9"	05 151 - 160
06 5' 10" - 5' 11"	06 161 - 170
07 5' 11" - 6'	07 171 - 185
08 6' 0" - 6' 1"	08 186 - 200
09 6' 1" and over	09 Over

16 Illegal Activity

19 Areas of Activity Other Than Origin Office
(Use the initials of office)

01 _____
 02 _____
 03 _____
 04 _____

20 Places Frequented

Blue Island, Calumet City
and various places CG HTS, ILL.

17 Nicknames and or Alias

01 _____
 02 _____

Remarks:

~~CURRENT~~ Photograph dated 4/30/71
 Criminal History: Arrested CG PD 4/30/71 gambling;
 Indicted and arrested Postal Inspector 2/15/72, mail
 fraud - FBW; arrested FBI 5/15/72, ITSMV -
 awaiting trial Federal charges -

FORM CM-83

P R O S E C U T I O N

NAME: *James Catuana*

Type of Offense: *ITSmV*

Date Offense Committed: *1971*

Level of Offense: Fed. *X* State County Local
Felony Offense: Felony *X* Misdemeanor

Number of Defendants: *ONE (or more)*

Defendant Number:

Judicial District: *No. Dist. of ILL.*

Court Docket Number: *72 C 416*

Judge's Last Name:

Defense Attorney's Name:

Prosecution Attorney's Name: *JAMES THOMPSON, USA*
FRANK MURPHY, AUSA

P R O S E C U T I O N
S T A T U S

Effective Date: *To be presented Federal*

Stage of Prosecution: *GRAND JURY*

Comments Regarding This Stage:

Count (s): ~~*Five*~~ *5*

Jurisdiction: (State) *ILL.*

USC Title: *T 18*

USC Section: *2312*

Description of Offense: *Possession Stolen Car*

92-1371 Sub 1

Refer to pages 24 and 25
of manual

GAB

b7C

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE	NAME OF PERSON SUBMITTING INFORMATION									
NEW OR MOD	NAME OF SUBJECT									
	/NAME: CATUARA, JAMES NIN									
	SEX (M or F)		MARITAL STATUS (R)		MAIDEN NAME OF SUBJECT					
	/SEX:		/STAT:		/MDN:					

ALIASES

ALIAS	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA:								
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA:								
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA:								
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA:								
ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*	
/AKA:									

NICKNAMES

NKNM	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*
	/NICK:								
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*
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	/NICK:								
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*
	/NICK:								
NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*	
/NICK:									

INVESTIGATION *CINV* ADD*CINV* *CHG

CINV	DATE INVESTIGATION BEGAN				DATE INVESTIGATION CLOSED			
	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:		
	TYPE OF INVESTIGATION						AGENCY INVESTIGATING	
	/TINV:	ANTIRACKETEERING				/AGYI:		

ADDITIONAL SOURCE OF INFORMATION *INFO* ADD*INFO* *CHG

INFO	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
	/TITLE:									
	DIVISION EMPLOYED BY									
	/DIV:									
	AGENCY NAME									
	/AG:									
	CITY WHERE AGENCY IS LOCATED									
	/CITY:									
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)					
	/ST:	/ZIP:	/LVL:							
	INFO	*ADD*INFO*	*CHG						*INFO*	
	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
/TITLE:										
DIVISION EMPLOYED BY										
/DIV:										
AGENCY NAME										
/AG:										
CITY WHERE AGENCY IS LOCATED										
/CITY:										
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)						
/ST:	/ZIP:	/LVL:								

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



b7C

PROSECUTION		*PROS*	*ADD*PROS*	*CHG					*PROS*			
PROS	DATE OFFENSE COMMITTED				TYPE OF OFFENSE (R)							
	/OYR:	71	/OMO:	00	/ODY:	00	/ACT:	AUTO THEFT				
	LEVEL OF OFFENSE (R)		FELONY OFFENSE(R)		NUMBER OF DEFENDANTS		DEFENDANT NO.		JUDICIAL DISTRICT			
	/LEVEL:	F	/FEL:	F	/DEF:	01	/DEFNBR:		/JUD:	NDIL		
	COURT DOCKET NUMBER											
	/CDNBR:	72C416										
	JUDGE'S LAST NAME											
	/JUDGE:											
	DEFENSE ATTORNEY'S NAME											
	/DAT:											
PROSECUTION ATTORNEY'S NAME												
/PAT:	MURTHA, FRANK											
PROSECUTION STATUS		*PROST*	*ADD					*PROST*	*CHG			*PROST*
PROST	EFFECTIVE DATE				COURT DOCKET NUMBER							
	/EYR:		/EMO:		/EDY:		/CDNBR:	72C416				
	STAGE OF PROSECUTION (R)											
	/STG:	PRESENTED TO GRAND JURY										
	COMMENTS REGARDING THIS STAGE											
	/COM:											
	COUNT(S)	JURISDICT.(R)	USC TITLE		USC SECTION							
	/CNT:	005	/JUR:	IL	/USCT:	18	/USCS:	2312				
	DESCRIPTION OF OFFENSE											
	/OFF:	POSSESSION STOLEN CAR										
PROST	*PROST*		*ADD					*PROST*	*CHG			*PROST*
	EFFECTIVE DATE				COURT DOCKET NUMBER							
	/EYR:		/EMO:		/EDY:		/CDNBR:					
	STAGE OF PROSECUTION (R)											
	/STG:											
	COMMENTS REGARDING THIS STAGE											
	/COM:											
	COUNT(S)	JURISDICT.(R)	USC TITLE		USC SECTION							
	/CNT:		/JUR:		/USCT:		/USCS:					
	DESCRIPTION OF OFFENSE											
/OFF:												
PROSECUTION		*PROS*	*ADD*PROS*	*CHG					*PROS*			
PROS	DATE OFFENSE COMMITTED				TYPE OF OFFENSE (R)							
	/OYR:		/OMO:		/ODY:		/ACT:					
	LEVEL OF OFFENSE (R)		FELONY OFFENSE(R)		NUMBER OF DEFENDANTS		DEFENDANT NO.		JUDICIAL DISTRICT			
	/LEVEL:		/FEL:		/DEF:		/DEFNBR:		/JUD:			
	COURT DOCKET NUMBER											
	/CDNBR:											
	JUDGE'S LAST NAME											
	/JUDGE:											
	DEFENSE ATTORNEY'S NAME											
	/DAT:											
PROSECUTION ATTORNEY'S NAME												
/PAT:												
PROSECUTION STATUS		*PROST*	*ADD					*PROST*	*CHG			*PROST*
PROST	EFFECTIVE DATE				COURT DOCKET NUMBER							
	/EYR:		/EMO:		/EDY:		/CDNBR:					
	STAGE OF PROSECUTION (R)											
	/STG:											
	COMMENTS REGARDING THIS STAGE											
	/COM:											
	COUNT(S)	JURISDICT.(R)	USC TITLE		USC SECTION							
	/CNT:		/JUR:		/USCT:		/USCS:					
	DESCRIPTION OF OFFENSE											
	/OFF:											

FORM CM-83 (Ed. 5-72)

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

FORM CM-77

VITAL STATISTICS

Name: CATUARA, James
 Date of Birth: 9/26/05
 Place of Birth: City _____ State _____ Zip Code _____
 Citizenship: Country ITALY Verification? (Page 10) V
Naturalized 10/3/29 # 75781 Chicago

Date of Death: _____
 Place of Death: City _____ State _____ Zip Code _____
 Cause of Death: _____
 Verification? (Page 10) _____

Height: 5'5" Weight: 160
 Hair Color: Black-Grey Balding Eye Color: Brown
 Build: SMALL Complexion: Sallow
 Race: WHITE Physical Mark, Scar, Etc: _____
 Mental or Physical (A) Kind of mark _____
 Health Problem: Mental Age 11 1/2 years (B) Position _____
 Verification? (p. 10) V (C) Body part _____

(For above, see page 22)

Residence: Street Number 9600 Kilbourne City Chicago
 State ILLINOIS Zip Code 60652

Name of Apartment, Hotel or Prison: _____

Apartment or Room Number: _____

Dates of Residence: _____

Telephone Number (s) _____

Verification? (Page 10) _____

Education: _____

Name of School: _____

Address: Street Number _____ City _____
 State _____ Zip Code _____

Type of School: _____ (p. 18)

Highest Grade Completed: 4th GRADE (p. 18)

Major: _____

Attendance Dates: _____

Verification? (p. 10) I

Military Record: None

Highest Grade or Rank: _____

Dates in Service: _____

Branch of Service: (p. 22) _____

Type of Separation: _____

Military Occupational Specialty: _____

Reserve Branch: _____

Highest Grade or Rank (Reserve): _____

92-1371 Sub 1

Reserve Dates: _____

Verification? _____

Hobby: _____

Kind of Hobby: _____

Where Hobby Takes Place: City _____ State _____ Zip Code _____

Annual Cost: _____

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



AGENT AND SUBJECT IDENTIFICATION *DATE*										
DATE	NAME OF PERSON SUBMITTING INFORMATION									
NEW OR MOD	NAME OF SUBJECT									
	/NAME: CATUARA, JAMES NMN									
	SEX (M or F)		MARITAL STATUS (R)		MAIDEN NAME OF SUBJECT					
	/SEX:		/STAT:		/MDN:					
ALIASES										
ALIAS	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*	
	/AKA:									
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*	
	/AKA:									
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	/AKA:									
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*	
	/AKA:									
NICKNAMES										
NKNM	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*	
	/NICK:									
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*	
	/NICK:									
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG					*NKNM*	
	/NICK:									
INVESTIGATION *CINV* *ADD*CINV* *CHG										
CINV	DATE INVESTIGATION BEGAN				DATE INVESTIGATION CLOSED					
	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:				
	TYPE OF INVESTIGATION					AGENCY INVESTIGATING				
	/TINV: ANTIRACKETEERING					/AGYI:				
ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG										
INFO	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
	/TITLE:									
	DIVISION EMPLOYED BY									
	/DIV:									
	AGENCY NAME									
	/AG:									
	CITY WHERE AGENCY IS LOCATED									
	/CITY:									
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)					
	/ST:	/ZIP:	/LVL:							
	INFO *ADD*INFO* *CHG									
	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
/TITLE:										
DIVISION EMPLOYED BY										
/DIV:										
AGENCY NAME										
/AG:										
CITY WHERE AGENCY IS LOCATED										
/CITY:										
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)						
/ST:	/ZIP:	/LVL:								

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



VITAL STATISTICS ON SUBJECT														
BIRTH					*ADD*BIRTH*									
CHG					*BIRTH*									
BIRTH	VERIFICATION		CITY WHERE SUBJECT WAS BORN											
	/VER: <input checked="" type="checkbox"/>		/CITY:											
	STATE (R)		ZIP CODE		DATE OF BIRTH				CITIZENSHIP (R)					
	/ST:		/ZIP:		/FYR: 05		/FMO: 09		/FDY: 26		/CIT: IT			
DEATH	*DEATH*		*ADD*DEATH*		*CHG*		*DEATH*							
	VERIFICATION		CITY WHERE SUBJECT DIED											
	/VER:		/CITY:											
	STATE (R)		ZIP CODE		DATE OF DEATH									
	/ST:		/ZIP:		/TYR:		/TMO:		/TDY:					
CAUSE OF DEATH														
/DEAD:														
PHYSICAL DESCRIPTION														
PHYS					*ADD*PHYS*									
CHG					*PHYS*									
PHYS	VERIFICATION		MENTAL OR PHYSICAL HEALTH PROBLEM						HAIR COLOR (R)					
	/VER: <input checked="" type="checkbox"/>		/HLTH: MENTAL AGE 11 YRS 6 MOS						/HAIR: GRAY					
	HEIGHT		FINGERPRINT CLASSIFICATION (R)						EYE COLOR (R)					
	/HT: 505		/FING:								/EYE: BROWN			
	PHYSICAL MARK, SCAR, ETC. (R)				COMPLEXION (R)				WEIGHT					
	/MARK:				/CMLX: LIGHT				/WT: 160					
	RACE (R)				BUILD (R)									
	/RACE: CAUCASIAN				/BLD: SMALL									
	PHYS					*ADD*PHYS*								
	CHG					*PHYS*								
VERIFICATION														
/VER:														
MARK:														
MENTAL OR PHYSICAL HEALTH PROBLEM														
/HLTH:														
SUBJECT'S RESIDENCE/TELEPHONE														
ADDR					*ADD*ADDR*									
CHG					*ADDR*									
ADDR	APARTMENT, HOTEL, OR PRISON NAME													
	/EST:													
	STREET NUMBER				STREET NAME				VERIFICATION					
	/STNBR: 19600				/STNM: KILBOURN				/VER:					
	CITY OF RESIDENCE													
	/CITY: CHICAGO													
	STATE (R)													
	/ST: IL													
	ZIP CODE													
	/ZIP: 60652													
DATES OF RESIDENCE														
/FYR:														
/FMO:														
/FDY:														
/TYR:														
/TMO:														
/TDY:														
APARTMENT OR ROOM NO.														
/APT:														
TELEPHONE (1)														
/TEL1:														
TELEPHONE (2)														
/TEL2:														
EDUCATION														
ED					*ADD*ED*									
CHG					*ED*									
ED	VERIFICATION		ATTENDANCE DATES											
	/VER: <input checked="" type="checkbox"/>		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	NAME OF SCHOOL													
	/EST:													
	STREET NUMBER				STREET NAME									
	/STNBR:				/STNM:									
	CITY WHERE SCHOOL IS LOCATED													
	/CITY:													
	STATE (R)													
	/ST:													
ZIP CODE				TYPE OF SCHOOL (R)				HIGHEST GRADE COMPLETED (R)						
/ZIP:				/SCH: GRAMMAR				/GRD: 4						
MAJOR														
/MJR:														
MILITARY RECORD														
MIL					*ADD*MIL*									
CHG					*MIL*									
MIL	VERIFICATION		DATES IN SERVICE											
	/VER:		/FYR:		/FMO:		/FDY:		/TYR:		/TMO:		/TDY:	
	BRANCH OF SERVICE (R)													
	/BRCH:													
	MILITARY OCCUPATIONAL SPECIALITY													
	/MOS:													
	HIGHEST GRADE or RANK													
	/RANK:													
	TYPE OF SEPARATION													
	/SEP:													
RESERVE BRANCH (R)														
/RSRV:														
HIGHEST GRADE or RANK (Reserve)														
/RNK:														
RESERVE DATES														
/NYR:														
/NMO:														
/NDY:														
/MYR:														
/MMO:														
/MDY:														
HOBBY														
HOBBY					*ADD*HOBBY*									
CHG					*HOBBY*									
HOBBY	KIND OF HOBBY													
	/HOB:													
	CITY WHERE HOBBY TAKES PLACE													
	/CITY:													
	STATE (R)				ZIP CODE		ANNUAL COST (Dollars)							
/ST:				/ZIP:		/COST:								

FORM CM-77 (Ed. 5-72)

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

NAME:

CATUARA, James

VEHICLES

Type of vehicle:

(see attached page)

CAR

DMV 7/17

Model year:

1973

Make of vehicle:

BUICK

Model of vehicle:

Vehicle color:

(see attached page)

Body style of vehicle:

4 DR Hardtop

(see attached page)

Serial number of vehicle:

4V39+3H434113

Verification:

✓

(see attached page)

License validity dates:

Name of person or company owning vehicle:

City, state and zip code where owner resides:

Title number:

License tag number and state:

JC 2345 (ILL)

Verification:

✓

(see attached page)

Name of second person or company
owning vehicle:

Verification: (see attached page)

NON-RESIDENCE PHONE

Dates of usage:

Phone number:

Name of subscriber:

Street address, city, state and zip code:

Remarks about usage location, purpose, etc.:

Verification:

(see attached page)

92-1371
FORM CM-80

BENIGNI

~~CATUARIA~~

RELATIVES
(SPOUSE ONLY)

Name of relative: MARY CATUARIA

Maiden name of relative: NEE - BONOMA

Sex F Marital Status M

Relationship to subject: WIFE

Subrelation to subject:

Verification: ✓

City, state, and zip code
where relative was born:

Date of birth: 1907

Country of citizenship: US

Verification: ✓

City, state, and zip code
where relative died:

Date of death:

Cause of death:

Verification: _____

Dates of residence:

Name of apartment, hotel or prison:

Street address, city, state and
zip code of residence:

9600 S. Kilbourn
OAK LAWN, IL

Apartment or room number:

Telephone number(s):

Verification: _____

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



VEHICLE (DESCRIPTION) *VEH1*		*ADD*VEH1*	*CHG*			*VEH1*
VEH 1	VERIFICATION	TYPE OF VEHICLE (R)				MODEL YEAR
	/VER: V	/VEH: CAR				/MODYR: 73
	MAKE OF VEHICLE					
	/MAKE: BUICK					
	MODEL OF VEHICLE				VEHICLE COLOR (R)	
	/MODEL:	/COL:				
	BODY STYLE OF VEHICLE (R)					
	/BODY: HARDTOP 4 DOOR					
SERIAL NUMBER OF VEHICLE						
/SERNBR: 4V3913H434113						
VEHICLE (OWNERSHIP) *VEH2*						
VERIFICATION		LICENSE VALIDITY DATES				
/VER: V	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:
NAME OF PERSON OR COMPANY OWNING VEHICLE						
/OWN:						
CITY WHERE OWNER RESIDES						
/CITY:						
VEH 2	STATE (R)	ZIP CODE	TITLE NUMBER			
	/ST:	/ZIP:	/TTL:			
	LICENSE TAG NUMBER					
	/REG: IL-JC2345					
	VEH2	*ADD*	*VEH2*	*CHG*	*VEH2*	
	VERIFICATION					
	/VER:					
	NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE					
/OWN:						
VEHICLE (DESCRIPTION) *VEH1*						
VERIFICATION		TYPE OF VEHICLE (R)				MODEL YEAR
/VER:	/VEH:				/MODYR:	
MAKE OF VEHICLE						
/MAKE:						
MODEL OF VEHICLE				VEHICLE COLOR (R)		
/MODEL:	/COL:					
BODY STYLE OF VEHICLE (R)						
/BODY:						
SERIAL NUMBER OF VEHICLE						
/SERNBR:						
VEHICLE (OWNERSHIP) *VEH2*						
VERIFICATION		LICENSE VALIDITY DATES				
/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:
NAME OF PERSON OR COMPANY OWNING VEHICLE						
/OWN:						
CITY WHERE OWNER RESIDES						
/CITY:						
VEH 2	STATE (R)	ZIP CODE	TITLE NUMBER			
	/ST:	/ZIP:	/TTL:			
	LICENSE TAG NUMBER					
	/REG:					
	VEH2	*ADD*	*VEH2*	*CHG*	*VEH2*	
	VERIFICATION					
	/VER:					
	NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE					
/OWN:						
NON-RESIDENCE PHONE						
VERIFICATION		DATE OR PERIOD OF USAGE				
/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:
PHONE NUMBER						
/NUMBER:						
NAME OF SUBSCRIBER						
/EST:						
STREET NUMBER			STREET NAME			
/STNBR:	/STNM:					
CITY WHERE SUBSCRIBER RESIDES (IS LOCATED)						
/CITY:						
STATE(R)	ZIP CODE					
/ST:	/ZIP:					
REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC.						
/REMARK:						

Name: **JAMES CATVARA**

92-1371

Name of Place Frequented: **HAWKS SOCIAL Athletic Club**
(Hangout)

Type of Establishment: **SOCIAL Club**
(see attached page)

Verification: **✓**
(see attached page)

Street Address, City, State, and
Zip Code Where Establishment is Located: **252 W 31st St.,
Chicago, IL**

Frequency: **Daily**
(see attached page)

Average Length of stay:
(in days)

Dates of Travel:

Name of Lodging:

Street Address, City, State, and
Zip Code of Lodging:

Mode of Travel:

Name of Carrier:

Verification:
(see attached page)

b7C

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



b7C

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE	NAME OF PERSON SUBMITTING INFORMATION									
NEW OR MOD	NAME OF SUBJECT									
	/NAME: CATWARA, JAMES WIMN									
	SEX (M or F)		MARITAL STATUS (R)		MAIDEN NAME OF SUBJECT					
	/SEX:		/STAT:		/MDN:					

ALIASES

ALIAS	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG				*ALIAS*
	/AKA:							
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG				*ALIAS*
	/AKA:							
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG				*ALIAS*
	/AKA:							
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG				*ALIAS*
	/AKA:							

NICKNAMES

NKNM	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG				*NKNM*
	/NICK:							
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG				*NKNM*
	/NICK:							
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG				*NKNM*
	/NICK:							

INVESTIGATION *CINV* *ADD*CINV* *CHG

CINV	DATE INVESTIGATION BEGAN				DATE INVESTIGATION CLOSED			
	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:		
	TYPE OF INVESTIGATION				AGENCY INVESTIGATING			

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG

INFO	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
	/TITLE:									
	DIVISION EMPLOYED BY									
	/DIV:									
	AGENCY NAME									
	/AG:									
	CITY WHERE AGENCY IS LOCATED									
	/CITY:									
	STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)					
	/ST:		/ZIP:		/LVL:					
	INFO		*ADD*INFO*		*CHG		*INFO*			
	NAME OF PERSON IN AGENCY TO CONTACT									
	/NAME:									
	TITLE OF ABOVE INDIVIDUAL									
/TITLE:										
DIVISION EMPLOYED BY										
/DIV:										
AGENCY NAME										
/AG:										
CITY WHERE AGENCY IS LOCATED										
/CITY:										
STATE (R)		ZIP CODE		LEVEL OF GOVERNMENT (R)						
/ST:		/ZIP:		/LVL:						

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice
RACKETEER PROFILE



HANGOUTS AND PLACES FREQUENTED										*HANGOUT*		*ADD*HANGOUT*		*CHG						*HANGOUT*																			
VERIFICATION		TYPE OF ESTABLISHMENT (R)																																					
/VER:		V		/TEST:		SOCIAL CLUB																																	
NAME OF PLACE FREQUENTED (HANGOUT)																																							
/EST:		HAWKS SOCIAL ATHLETIC CLUB																																					
STREET NUMBER										STREET NAME																													
/STNBR:										252		/STNM:										31ST ST W																	
CITY WHERE ESTABLISHMENT IS LOCATED																																							
/CITY:		CHICAGO																																					
STATE (R)					ZIP CODE					FREQUENCY (R)					AVERAGE LENGTH OF STAY (in days)																								
/ST:					IL					/ZIP:					60600					/FRE:					DAILY					/STAY:									
HANGOUT					*ADD*HANGOUT*					*CHG										*HANGOUT*																			
VERIFICATION		TYPE OF ESTABLISHMENT (R)																																					
/VER:				/TEST:																																			
NAME OF PLACE FREQUENTED (HANGOUT)																																							
/EST:																																							
STREET NUMBER										STREET NAME																													
/STNBR:												/STNM:																											
CITY WHERE ESTABLISHMENT IS LOCATED																																							
/CITY:																																							
STATE (R)					ZIP CODE					FREQUENCY (R)					AVERAGE LENGTH OF STAY (in days)																								
/ST:										/ZIP:										/FRE:										/STAY:									
HANGOUT					*ADD*HANGOUT*					*CHG										*HANGOUT*																			
VERIFICATION		TYPE OF ESTABLISHMENT (R)																																					
/VER:				/TEST:																																			
NAME OF PLACE FREQUENTED (HANGOUT)																																							
/EST:																																							
STREET NUMBER										STREET NAME																													
/STNBR:												/STNM:																											
CITY WHERE ESTABLISHMENT IS LOCATED																																							
/CITY:																																							
STATE (R)					ZIP CODE					FREQUENCY (R)					AVERAGE LENGTH OF STAY (in days)																								
/ST:										/ZIP:										/FRE:										/STAY:									
HANGOUT					*ADD*HANGOUT*					*CHG										*HANGOUT*																			
VERIFICATION		TYPE OF ESTABLISHMENT (R)																																					
/VER:				/TEST:																																			
NAME OF PLACE FREQUENTED (HANGOUT)																																							
/EST:																																							
STREET NUMBER										STREET NAME																													
/STNBR:												/STNM:																											
CITY WHERE ESTABLISHMENT IS LOCATED																																							
/CITY:																																							
STATE (R)					ZIP CODE					FREQUENCY (R)					AVERAGE LENGTH OF STAY (in days)																								
/ST:										/ZIP:										/FRE:										/STAY:									
HANGOUT					*ADD*HANGOUT*					*CHG										*HANGOUT*																			
VERIFICATION		TYPE OF ESTABLISHMENT (R)																																					
/VER:				/TEST:																																			
NAME OF PLACE FREQUENTED (HANGOUT)																																							
/EST:																																							
STREET NUMBER										STREET NAME																													
/STNBR:												/STNM:																											
CITY WHERE ESTABLISHMENT IS LOCATED																																							
/CITY:																																							
STATE (R)					ZIP CODE					FREQUENCY (R)					AVERAGE LENGTH OF STAY (in days)																								
/ST:										/ZIP:										/FRE:										/STAY:									
HANGOUT					*ADD*HANGOUT*					*CHG										*HANGOUT*																			
VERIFICATION		TYPE OF ESTABLISHMENT (R)																																					
/VER:				/TEST:																																			
NAME OF PLACE FREQUENTED (HANGOUT)																																							
/EST:																																							
STREET NUMBER										STREET NAME																													
/STNBR:												/STNM:																											
CITY WHERE ESTABLISHMENT IS LOCATED																																							
/CITY:																																							
STATE (R)					ZIP CODE					FREQUENCY (R)					AVERAGE LENGTH OF STAY (in days)																								
/ST:										/ZIP:										/FRE:										/STAY:									
HANGOUT					*ADD*HANGOUT*					*CHG										*HANGOUT*																			

TRAVEL										*TRAVEL*		*ADD*TRAVEL*		*CHG						*TRAVEL*									
VERIFICATION		DATES OF TRAVEL																											
/VER:				/FYR:				/FMO:				/FDY:				/TYR:				/TMO:				/TDY:					
NAME OF LODGING																													
/EST:																													
STREET NUMBER										STREET NAME																			
/STNBR:												/STNM:																	
CITY WHERE LODGING IS LOCATED																													
/CITY:																													
STATE (R)					ZIP CODE					MODE OF TRAVEL (R)																			
/ST:										/ZIP:										/MODE:									
NAME OF CARRIER																													
/CARNM:																													
TRAVEL					*ADD*TRAVEL*					*CHG										*TRAVEL*									
VERIFICATION		DATES OF TRAVEL																											
/VER:				/FYR:				/FMO:				/FDY:				/TYR:				/TMO:				/TDY:					
NAME OF LODGING																													
/EST:																													
STREET NUMBER										STREET NAME																			
/STNBR:												/STNM:																	
CITY WHERE LODGING IS LOCATED																													
/CITY:																													
STATE (R)					ZIP CODE					MODE OF TRAVEL (R)																			
/ST:										/ZIP:										/MODE:									
NAME OF CARRIER																													
/CARNM:																													

HANGOUT

TRAVEL